	ROUTING	AND	RECORD	SHEET
UBJECT: (Optional)		<del>`</del>		
Security Clea	arance Rev	/iew		
FROM: Director of Medical Services 1 D 4061 Hq.		EXTENSION	NO.	
			DATE	
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O: (Officer designotion, room number, and building)	DATE		OFFICER'S	COMMENTS (Number each comment to show from whom
	RECEIVED	FORWARDED	INITIALS	to whom. Draw o line ocross column ofter each comment.)
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